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ABSTRACT

The Trowbridge House Geriatric Aide Program, performed at MDTA centers in Akron and Cleveland, Ohio, was developed to demonstrate whether the active and positive recruiting methods widely used by proprietary schools could be adapted to obtain more and better qualified disadvantaged persons for skills training; whether a high quality, pre-vocational independent study program (on tape cassettes), presenting orientational, motivational, and communications skills materials could be combined with traditional classroom and laboratory hands-on training to produce "better adjusted, more highly skilled, and more personable" trainees; and whether close relationship throughout the program between trainee and program coordinator, whose role in job development is significant, would result in high placement. Extraordinary results of 82% completion and 98% placement at starting salaries significantly higher than anticipated indicate wide application to skills training of positive recruiting techniques, pre-vocational home study programs, and close relationship with program coordinator. (Author)

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Trowbridge House

GERIATRIC AIDE PROGRAM

FINAL REPORT

Grant No. OEG-0-70-3856(335)
Project OHIO (M) 0084
October 1, 1971

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Trowbridge House

GERIATRIC AIDE PROGRAM
FINAL REPORT

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ERIC RESUME

The Trowbridge House Geriatric Aide Program, performed at MDTA centers in Akron and Cleveland, Ohio, was developed to demonstrate whether the active and positive recruiting methods widely used by proprietary schools could be adapted to obtain more and better qualified disadvantaged persons for skills training; whether a high quality, pre-vocational independent study program (on tape cassettes), presenting orientational, motivational, and communications skills materials could be combined with traditional classroom and laboratory hands-on training to produce "better adjusted, more highly skilled, and more personable" trainees; and whether close relationship throughout the program between trainee and program coordinator, whose role in job development is significant, would result in high placement. Extraordinary results of 82% completion and 98% placement at starting salaries significantly higher than anticipated indicate wide application to skills training of positive recruiting techniques, pre-vocational home study programs, and close relationship with program coordinator.

FOREWORD

American education has no greater challenge than to re-train those whom it has failed. When these persons can be successfully employed to care for the aging, the task is doubly rewarding.

In its simplest terms, the Trowbridge House program was to demonstrate that innovative educational methods and recruitment techniques used by proprietary schools can be used to advantage in skill training of the disadvantaged. An ancillary demonstration of considerable value arose from the actual organization of the program: that a private contractor can effectively administer such a program through two public school-operated skills centers. As this report documents, these objectives were accomplished with remarkable success.

We attribute these successes to the soundness of the original design, the quality of the recruiting and training materials, adequate staffing and funding, and finally to the understanding and concern of the Project Officers, Mr. Richard Hobson and Mr. Timothy Halnon, and the Program Coordinators, Mrs. Honey Shapiro and Mrs. Catherine Moore.

Our concern at this point is that this demonstration be given the opportunity to prove itself in other geographical and training areas.

W. R. Selmier
Trowbridge House Incorporated
Project Director

OVERVIEW

SUMMARY

The Program

The program was a twelve-month "experimental and developmental" program, designed primarily to test new educational materials and techniques in skills training of the disadvantaged. Two other points of inquiry were demonstrated: the effect of utilizing the positive recruiting methods usually identified with proprietary schools in obtaining more highly motivated and better qualified candidates for training slots, and the effect of assigning program coordinators the responsibility of obtaining employment for the graduates.

Activities

Four classes of twenty-five each were entered in Cleveland and Akron at twenty-two week intervals. Trainees were recruited, screened, tested, and selected by the innovative means discussed in detail in the "Activities" section of the report. Each trainee we accepted entered a ten-week phase of home study training and was given a tape cassette player and 60 tape-cassetted lessons consisting of motivational, basic educational, and orientation material.

Those successfully completing the ten-week home study phase entered into a six-week classroom and lab course at the skills center, during which time they received intensive hands-on skills training.

Those successfully completing classroom and lab entered four weeks of supervised work experience in a private home and a nursing home.

At the end of this period, trainees were placed, generally in their first or second choice of work assignments, by the program coordinator.

Conclusions

1. Active and positive recruiting methods, such as those used in proprietary education, can be used to "load" skill training classes more efficiently with a better qualified and more highly motivated trainee.

OVERVIEW
(cont'd)

2. High quality and appropriate home study materials can play a very significant role in skill training the disadvantaged. In fact, such materials can accomplish some training objectives better than other media and techniques, and on an attractive cost-effectiveness schedule.

3. Assigning program coordinators the right to select trainees from as many candidates as she wants to interview, and balancing this right with an obligation to complete and secure employment for the trainees she selects, accomplishes an enviable completion and employment record. This technique is not only worth considering for other patient care programs, it is also recommended for demonstration in other vocational areas.

FACT SHEET

	Entered	Graduated	Available*[1]	Employed	Average Salary
AKRON					
Class I	22	20	16	16	$1.75/hr
II	19	19	16	16	1.90/hr
III	22	21	18	16	1.80/hr
IV*[2]	--	--	--	--	------
CLEVELAND					
Class I	25	24	19	19	$2.50/hr
II	26	20	19	19	2.03/hr
III	25	24	21	21	2.07/hr
IV*[2]	--	--	--	--	------

*[1] Excluding graduates not available for employment due to relocation, pregnancy, etc.

*[2] Figures for Class IV are not available at time of report.

THE PROGRAM

RATIONALE Background

While a combination of home study and classroom training is used widely in private vocational schools, it has not been used to train the disadvantaged, in spite of certain obvious advantages: (a) home study is generally less expensive; (b) the home study trainee can progress at his own pace; (c) education can be presented in a mode which maintains high trainee interest; (d) tape cassettes used in a home study situation make no demands on the trainee's reading and writing skills; and (e) home study does not place the trainee in a classroom situation, to which he may have a negative response.

The recruitment techniques developed and used in proprietary educational activities have generally been ignored in public education efforts, in spite of their demonstrated ability to identify candidates who are interested in and will respond actively to the specific training being offered.

This program, its recruiting, motivational, and educational materials can be "plugged in" to any skill center in the country and function with admirable and predictable success, while cutting classroom costs and reducing classroom load.

Further, the recruiting and educational techniques and materials have direct implications for other manpower training programs in other vocational fields.

Objectives

Broadly speaking, the objectives of this program are to demonstrate (a) how more and better disadvantaged persons can be recruited and selected for manpower training, (b) how more effective training can be accomplished at lower cost by using home study materials, and (c) how a high percentage of these trainees can be induced to complete their training program.

Specific goals are: (1) to provide disadvantaged persons with a satisfying and useful occupation; (2) to provide a training program and materials which can be used in skills centers and other settings throughout the country to train geriatric aides; (3) to demonstrate that the recruiting, enrolling and motivational techniques used by proprietary schools can reach, interest, and activate a large number of disadvantaged persons; (4) to demonstrate how the tape

cassette can provide training in a mode which is particularly suited to the disadvantaged person because [(a) no reading or writing skill is required, (b) no negative educational experience is recalled, and (c) higher interest level is maintained by presenting training material in dramatic and relevant terms], and (6) to indicate how the innovative techniques used in this program can be applied to other manpower training programs.

INNOVATIVE FEATURES

Principal innovative features, seen against the backdrop of ongoing aide programs in most urban areas are:

Recruitment

Normal aide programs are fed from ES referrals. While a description of the ES system is not necessary for readers of this report, several facets of the Trowbridge House program are markedly innovative and should be explained in some detail.

The program coordinator "called" the start date for each class. Recruitment advertising and public relations activities were initiated to provide telephone response from unemployed and underemployed persons who were interested in a career caring for elderly patients. The fact that response was from the community as a whole (limited by the "unemployed or underemployed" status), that it was a response based on interest in the specific career objective, and that it was easy (telephone), resulted in a large number of phone calls. These were pre-screened and personal interview dates set.

Individual personal interviews at some depth were conducted by the program coordinator herself. Objective testing was performed, but in final analysis, held to be inconclusive. The nurse-coordinators claimed they could "sense" a candidate who "has what it takes" to care for patients...and supported this claim with their selections. These in-depth personal interviews by persons similar in background to those who eventually hire graduates have to be considered a very important factor in the success of the program.

Home Study

To further assure a class of highly motivated trainees, well-oriented to the specific career objective, each trainee was given a tape cassette player and six lessons per week to study at home, on her own time.

These tapes performed several important functions: (1) They gave the trainee time to decide whether she really wanted to care for elderly patients; (2) They gave her a gradually deepening knowledge of and interest in the patient care field; (3) They gave her the ability to understand and communicate with the patients she would handle; and (4) They gave her a sense of pride and fulfillment at the gateway to "A Career to Take Pride In."

These highly professional and well-produced tapes provided the trainees with the knowledge, attitudes, and background in the skills they need to perform and to derive satisfaction from the career objective.

The Role of the Program Coordinator

The other innovative feature which we feel should be reported is the early establishment of a single authority figure in the person of the program coordinator. Rather than being shuffled from an ES interviewer to another interviewer at the skills center, then to a classroom situation, then back to ES, trainees were exposed to a single authority figure from their initial response to the program until the post-placement interviews. We feel that this has had a very positive effect on both trainees and program staff.

A Public-Private Partnership

The nature of the program required a public-private partnership which HEW Secretary Richardson described as "unique" in his 1971 Report to Congress. Trowbridge House Incorporated, an Ohio profit-making corporation, was named grantee, with the Akron and Cleveland Boards of Education (who administer the Manpower Development and Training Centers in these cities) appointed, in effect, agents of Trowbridge House in implementing the program. While public schools and private corporations have worked together before, we know of no other instance which required such close cooperation and resulted in so little actual dysfunction.

The guidelines were set forth quite clearly by the Project Officer:

> (1) "Trowbridge House shall be responsible for the overall direction and effectiveness of the program.
>
> (2) The Skills Centers shall be responsible for the day-to-day operation of the program.

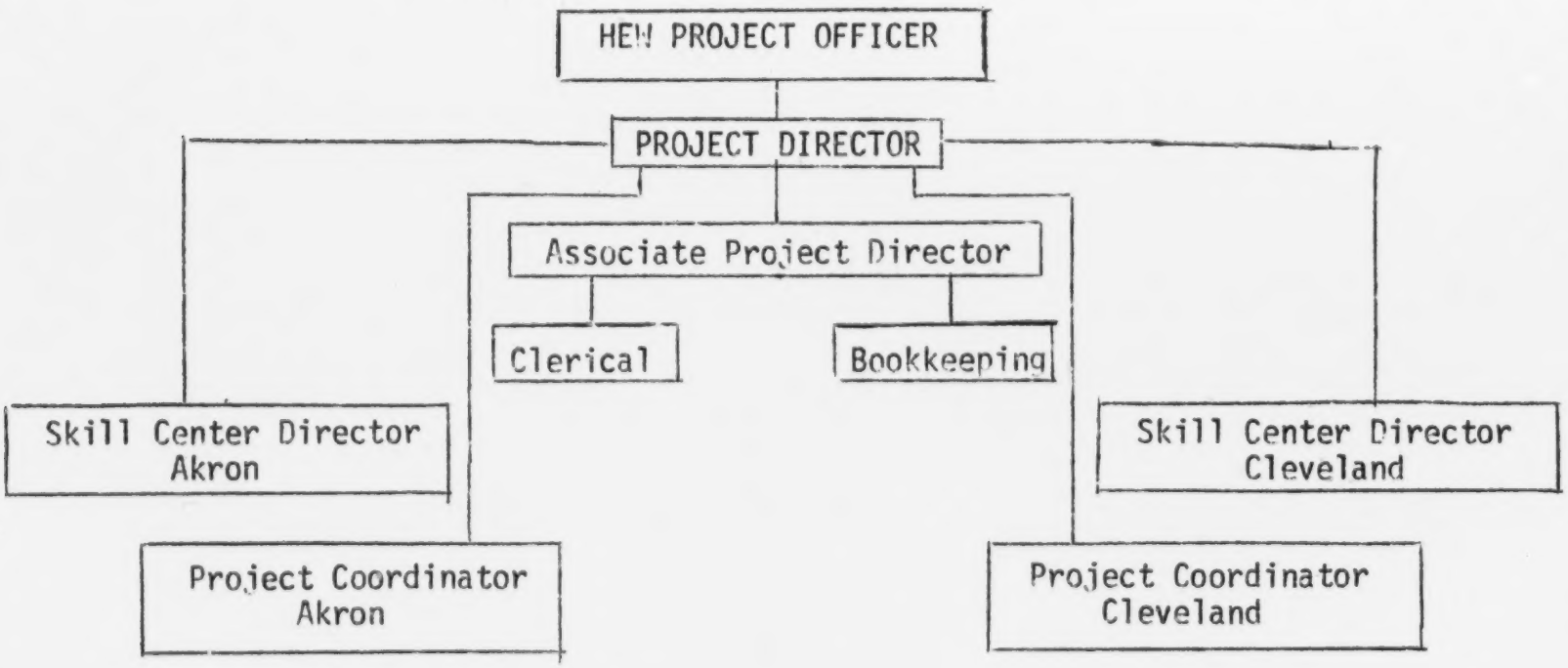
(3) Trowbridge House shall refer information on matters of major policy to Mr. Federico and Mr. Herbert, preferably in writing when time permits. All other matters concerning routine operation of the program may be conducted personally between Trowbridge House and Mrs. Shapiro or Mrs. Moore."

STAFF

Administration

Project Director was Trowbridge House President W. R. Selmier, who was responsible to the HEW Project Officer, Timothy D. Halnon. On administrative matters, his contact was the Skills Center Director, and on training matters, the Program Coordinators. It was the responsibility of the Program Coordinators and the Skills Center Directors to keep each other informed.

ORGANIZATION CHART



Coordination and Instruction

Coordinators were exceptional, matu : RN's with considerable teaching and administrative experience who received special training in interview and screening techniques for this program. All instructors were RN's with exceptional backgrounds and teaching experience.

ACTIVITIES

ADMINISTRATION

Funding and Reporting

Monthly narrative and financial reports were prepared by each skills center and furnished the Project Director. A consolidated narrative and financial report was furnished the Project Officer monthly.

Funding was accomplished monthly in response to these vouchers. Training allowance was administered and paid by the local ES offices.

Trowbridge House project staff functioned very much like a State Department of Education in approving line item changes, etc. No difficulties were experienced in this area.

Production of Home Study Materials

The curriculum was devised by Trowbridge House staff from curricula proved in years of MDTA training of geriatric aides at the two skills centers. The curriculum for home study was developed, then 60 scripts were prepared by the Trowbridge House creative staff and outside special experts. After receiving the approval of R.N.'s, M.D.'s, and other experts in geriatrics, the scripts were recorded with professional talent under professional conditions.

It must be noted that the professional quality of the tape cassetted program made a crucial contribution to the success of the program. It is important not to confuse these tape programs with the "audio lecture."

RECRUITMENT General Aims

The recruitment methods widely employed by private vocational schools, namely direct response advertising and selective interviewing, were used to determine whether better qualified and more highly motivated trainees could be obtained from the ranks of the disadvantaged, specifically by attracting a greater number of trainee candidates from which to choose and at the same time instilling a sense of self-determination among trainees. The selective interview culled the most promising applicants; moreover, it, too, served to convince the applicant both of his own merit and the value of the training program. Altogether, the aim was to instill the idea that the program was not "just a job" for "just anybody."

That the recruitment succeeded beyond all expectations can be demonstrated by (1) the above-average quality of the trainees, and (2) the overwhelming response that provided such a backlog of applicants that advertising proved unnecessary for the third and fourth classes.

Methods

Media. Two to three weeks before each class began, Trowbridge House project staff created and placed "display" advertisements which ran in local newspapers. These ads outlined the program and the qualifications for applicants, and suggested that interested persons respond by calling the special telephone number. (It is interesting to note that display ads in major newspapers proved better than classifieds, better than TV or radio commercials, and better than public service and "talk show" coverage.)

A single ad in a single edition of the newspaper would produce as many as 125 telephone inquiries, many of whom were qualified candidates for the program.

Telephone. Special telephones were installed at each of the skills centers and monitored constantly. The program coordinator or a trained assistant answered questions briefly, set up personal interviews with respondents, and established a warm and enthusiastic first contact.

Selection Interview. Every applicant was given a 10 to 20 minute personal interview with the coordinator, at which he or she was asked the reasons for his interest in the career and the training program. In this way, the coordinator was able to choose the most promising 20 to 25 trainees from a wide selection of applicants.

Selection Criteria

Trainees were selected first on their potential to master the training material (all students were tested and a reading level of 3.0 was considered minimum); neat personal appearance; emotional maturity, including sense of responsibility, self-confidence, tolerance and resilience; but above all, a sincere interest in being a nurse's aide and a desire to help the aged. Motivation was the key to their selection... and to their success.

ACTIVITIES
(cont'd)

SERVICES

Medical

Once accepted for the program, all trainees received complete physicals, including chest x-ray, immunization, serology, and gynecology (where warranted) to certify them for patient care activities. Dental work and glasses were provided when needed, utilizing existing public agencies whenever possible, so that employers could be sure that their new aides were physically and psychologically sound.

Counseling

The program staff spent at least three hours a week evaluating the problems and progress of the trainees. Individual trainee conferences were held at least once a month. Those students with special problems were referred to staff counselors. The personal commitment of the program staff to the trainees resulted in especially effective counseling.

Remedial Education

Trainees in Cleveland received approximately one hour per day of basic education, while Akron trainees received about two hours a day. Basic math and remedial reading, focusing in part on science and medicine, were tailored to the individual trainee's needs. Sessions in social living were conducted by a staff psychologist to improve attitudes and personal development.

It is interesting to note that extra basic education was offered on a voluntary basis, and more than 25% of the trainees took advantage of this opportunity, many walking several miles each day to do so.

TRAINING

Home Study

Purpose. The first purpose of the home study training is to allow the trainee to learn something about the career and its duties, problems, and rewards, before entering an extensive and expensive classroom training program.

A second purpose is to demonstrate that certain important knowledge, skills, and attitudes can be taught disadvantaged persons through the home study medium, and this can be accomplished more efficiently and at lower cost than through classroom training.

ACTIVITIES
(cont'd)

The tapes themselves were serialized simulations of reality ("soap operas"), which presented in dramatic format very strong motivational and personal development material, an orientation to the career and to the world of work in general, and an understanding of, rapport with, and capability of communicating with the elderly patient.

Content. In episodic form, the 60 taped lessons dramatized situations that lent themselves to discussion of such topics as: (1) symptoms, causes and treatment of conditions common to the elderly, such as diabetes, cancer, cerebral hemorrhage, respiratory and cardiovascular disease; (2) medical terminology; (3) physical and occupational therapy; (4) nutrition and general health and safety; (5) typical duties of the geriatric aide; (6) career opportunities in the field, whether private duty or institutional work; and, underlying all, (7) the importance of attitude, demeanor, and Tender Loving Care.

Usage. The trainees studied six lessons a week for a period of ten weeks; once a week they reported to the program coordinator for discussion, a lecture, an informal examination on the material covered during the week, and obtained the next series of six lessons. The tapes were also used again in the classroom to introduce and reinforce specific topics.

No training allowance was paid during this phase of the program. Trainees who returned all the cassettes to the skills center were permitted to keep the player.

Classroom and Laboratory Training

Both skills centers accepted about 100 students for ten weeks of classroom and clinical training at 40 hours a week. Of the six weeks spent exclusively in the skills center, trainees devoted about half their time to classroom study and half to laboratory practice. On real hospital beds (one to every two students), with real food trays, laundry carts, etc., they learned the skills and routines of caring for elderly patients (change beds; bathe, feed and dress patients; take temperature, pulse and respiration; watch for vital signs; etc.).

Instructional Procedures. A high-interest mix of lecture, discussion, films, role-playing, tape recordings, and daily quizzes was used. To familiarize students with health resources available in the community, agency representatives were brought in to speak to each section (Red Cross,

ACTIVITIES
(cont'd)

Visiting Nurses Association, Public Health). In addition, trainees heard talks by specialists in physical therapy, occupational therapy, mental health, and other fields. Daily homework was assigned in one of the four text/workbooks given students.

Work Experience

Trainees received four weeks of supervised work experience in a nursing home, extended care facility, and private home. The students worked a regular day shift (7:00 A.M. to 3:30 P.M.) under the constant supervision of their instructor. Assigned to one patient their first week, each trainee worked up to a full load of eight to ten patients at the end of the four weeks. At the close of each day, one hour was devoted to reinforcement, discussion, and criticism of the day's activities. Trainees also submitted written "case studies" of their patients, summarizing reactions, learning experiences, etc. Consequently, they gained experience in caring for both the ill and the well aged.

Testing and Evaluation

Daily quizzes, weekly tests, and a final exam at the end of the six weeks spent in the skills center formed the objective written portion of each trainee's evaluation. In addition there were daily discussions and evaluations of student progress between instructors and coordinator, a written evaluation of each student by the instructor at the close of classroom training, a written evaluation of each trainee's progress on the job, and final evaluation of each trainee prior to graduation. Regular 1:1 sessions were held with each trainee monthly to reinforce his or her own sense of progress.

JOB DEVELOPMENT

Community Preparation

In this important area, serious effort was undertaken to involve community resources in developing employment for the trainees. Small advisory boards consisting of representatives of county Boards of Health, VNA, and Red Cross were set up at the outset. Meetings were held throughout the year, reaching over 150 agencies and institutions, including Nursing Directors and Administrators of area hospitals and geriatric institutions, representatives of various public and private agencies, such as Home Health Care Corporation, and Upjohn Homemakers (visiting home health aides). Personal visits were made and letters mailed to many churches. The

ACTIVITIES
(cont'd)

principal effort in Cleveland was to place aides in private homes, since an important concern in that city is to prevent institutionalization of the elderly. Akron trainees were employed mainly in nursing homes.

Job Placement

For the first two classes, coordinators contacted hiring personnel of geriatric institutions and home health care agencies, informing them of trainee availability and soliciting job positions. This initial contact resulted in subsequent jobs voluntarily offered to graduates of the remaining two classes.

Follow-Up

Records have been kept up-to-date on all available graduates, including their comments on the training they received, current salaries, reaction to the work.

During the resident instruction phase, trainee Pat Rogacs learns to take blood pressure by practicing on another trainee, Doris Taite.

RESULTS, CONCLUSIONS, AND RECOMMENDATIONS

GENERAL

We vigorously recommend that this program be "packaged" for use nationally in MDTA efforts, since:

(1) The administration has acknowledged the obvious need for more and better geriatric aides by publicly placing a high priority on the improvement of health care delivery for the elderly.

(2) The Trowbridge House Geriatric Aide Program has demonstrated extraordinary success in recruiting and training disadvantaged persons for careers caring for the elderly.

(3) The Trowbridge House Program can be installed in skills centers which already have a heavy load on their patient care facilities, because the program uses the facilities for less than half the time required by typical programs. It can also be set up in skills centers without any patient care facilities whatsoever by operating it as an in-service program in local nursing homes and other patient care facilities.

(4) It would be simple to package the program for use nationally, since it would require only the preparation of a manual of step-by-step procedures. This manual would make the program available to virtually any community or organization which wants to establish or improve a health care personnel pipeline for elderly patients.

RECRUITING

Results

Response to the recruiting efforts was overwhelming, both in the numbers of applicants who responded and the overall quality of these applicants.

A single display ad in a single section of a metro daily newspaper brought more than 120 telephone calls. These were not idle callers; they evidenced a genuine interest in the training program and the career objective (not mainly in the wages, training allowance, duration of training, etc.).

In fact, the success of the newspaper ads resulted in a backlog of qualified applicants, so that recruiting for classes three and four was virtually unnecessary.

Advertising and selective interviewing together furnished each class with unusually promising trainees. The majority of the 162 total graduates were mature (age 30 to 45) women (there were four men). The most apparent

characteristic of the trainees was their keen motivation. Remarkably enthusiastic and impatient to learn, they sincerely wanted a career in which they "could be of service to their fellow men." Several are currently enrolled, or planning to enroll, in LPN and other "second-rung" programs. Significant, too, is the fact that absenteeism in this program ran 3.4%, compared to more than 10% in comparable programs operating at the same time in the two skills centers.

A further example of the trainees' eagerness is that in addition to the required basic education, more than a fourth of the trainees took advantage of extra hours offered on a voluntary basis, many walking a mile or more each way to do so.

In Akron, 52% of the trainees had high school education; in Cleveland, 28%. Median reading level was estimated at 6.5 in Akron and 4.8 in Cleveland. Sixty percent of the Akron graduates were HRD; in Cleveland, 76%. Many of the students had never worked before.

Conclusions

The overall success of the recruiting techniques and materials generates these conclusions:

(1) that providing some means by which disadvantaged persons can exercise more initiative and choice in selecting their career objective and training program alters significantly the performance of these persons when enrolled in an MDTA program and subsequently in job performance.

(2) Active, selective and positive recruiting methods (similar to those used by proprietary schools) not only result in MDTA trainees who are "better" performers in the training program, but also allow more efficient "loading" of MDTA skill training classes.

Recommendations

We recommend that a program utilizing similar materials and techniques be developed and tested to determine whether active and positive recruitment, screening, and intake for other skills center programs would achieve the better performance levels indicated by the results of this program. The operation and efficiency of skills centers could be controlled, and thus improved, by such positive recruitment and selective intake, since the center could arrange its classes according to sound management principles, then load the classes efficiently.

TRAINING

Results

The Trowbridge House home study program succeeded in giving trainees (1) ample time to consider whether they wanted to care for the elderly (2) an ability to understand and communicate with the aged; (3) a sense of fulfillment and satisfaction at the gateway to "A Career to Take Pride In;" and (4) a gradually deepening interest and knowledge of the patient care field.

Instructors were unanimous in their approval of the tape cassettes as a vehicle which, without sacrificing quality of training, substantially reduced classroom time required for orienting students to the field, building interest, introducing vocabulary, establishing a more than superficial knowledge of anatomy, health and safety measures, hygiene, nutrition, and common diseases.

An effective transfer of information resulted in trainees who were highly motivated and better oriented to the job they were preparing to fill.

The trainees' enthusiasm for the program might best be illustrated by this statistic: of 199 persons initially enrolled, only 37 were terminated before graduation, an overall dropout rate of only 18% (as compared to 30% in MDTA programs overall).

The implications of home study are large: through its use, a single instructor can reach many students at the same time, saving classroom hours, transportation and training allowances. By re-use of the material, these benefits are duplicated over and over again.

Conclusions

Training in an actual skill is a relatively small factor in job success. If the employee is oriented to the world of work in general, if he is attracted to the duties and rewards of the job, if he can communicate with the people he needs to communicate with, if he comes to work prepared for a successful day...these are the essential elements in job success, and these are precisely where good home study materials in a well-designed program can outstrip the performance of classroom training.

RESULTS
(cont'd)

We therefore conclude that, because of its advantages over classroom instruction, a home study program and materials should be developed to accomplish certain general motivational, personal development, orientational, and communications goals for wide application in manpower training.

Recommendations

Specifically, we recommend the development and testing of a program of personal development for all entering manpower trainees similar to the tape program we developed and tested in the geriatric aide program. This is an appropriate way to measure the impact of this "new" educational mode on skill training nationally.

We also recommend that a well-defined and professionally produced home study increment be considered for other nurse aide training, for upgrading in the health careers, for human service workers, child care workers, etc.

Several specific problems in the patient care field could very possibly be solved by such programs:

(1) Many of the graduate aides from this program want to continue (and many are continuing) their health career training. How much easier it would be for them to do so if resident requirements could be reduced through home study (and thorough examination). An aide could thus become an LPN or medical technician without quitting her job to attend classes.

(2) Consider the mature and competent LPN who has in fact performed as charge nurse in a geriatric institution, yet whose salary is limited by not being an R.N. While she may be able to "deliver" more than a new 2-year R.N., she will never earn as much as the R.N.'s starting salary, and she may not be able to afford to go back to nursing school. A combination of home study and classroom training would permit these extremely competent yet "forgotten" LPN's to document their competency with the background and training which would allow them to become R.N.'s, within a time framework which they could accept.

(3) Consider the monstrous state of child care, about to mushroom under federal funding, and the almost total lack of training of the people who actually perform the child care services. Here is another training situation where home

study could deliver instruction which would benefit immediately both the trainees and their charges.

(4) Consider virtually any human service worker and his or her problems. A family service worker, for instance, cannot spend enough time counseling her clients who need help in marriage problems, but the existence of a tape cassette program in this area would allow her to provide in-depth specific counseling services.

EMPLOYMENT

Results

Of the 162 total graduates, 139 were available for work as of October 1. Twenty-three trainees were unavailable for work as of October 1, due to pregnancy, illness, enrollment in advanced patient care training, or relocation (at least one graduate, however, reports that she has found work in her new field in another state).

In Akron, 96% of the graduates actually in the labor market have been placed, and in Cleveland 100%. Therefore, overall placement is 98%.

Starting salaries range from $1.65/hour to $2.75/hour, but average better than $2.05/hour. At the end of eight months (all the time that has elapsed since the first class was graduated), 100% are still on the job, evidence of outstanding job stability. As one Employment Services counselor commented, the employment record "stacks up pretty well."

Conclusions

While we cannot clearly state that the spectacular employment record which trainees in this program have scored is due to one single factor, there is general agreement that it is due to these features of the program:

(1) Positive, active, and selective recruiting "sets the stage" for a disadvantaged person to respond to a career objective. Such a person felt that if he succeeded in being admitted to the program, chances were good that he would graduate and find employment.

(2) Home study materials introduced the trainees to the world of work, provided her with communications skills for dealing with her patients and co-workers, and built her confidence and self-esteem, while actually permitting her to

learn some of the clinical material without exposure to possible failure. The trainee who entered classroom and lab training was confident and knowledgeable, well-oriented, highly motivated, and quite confident of her goals and her potential to achieve them.

(3) The strong individual and personal identification with the program coordinators (both real and emotional) markedly reduced trainee exposure to failure. The program coordinator was the trainee's first contact with the program; the program coordinator followed trainee progress personally through the entire program, and subsequently arranged employment interviews. Reducing the trainee's exposure to a plethora of authority figures certainly induces confidence and improves the trainee's idea of her chances of success.

In summation, we have to conclude that selective recruiting, which produces positive responses to advertisements of the career objective, a sound pre-vocational independent study program, and a strong personal relationship between trainee and program coordinator produce trainees who are desirable employees. Assigning the program coordinator the responsibility for placing these trainees is a task which she can and will do successfully.

Recommendations

While it may be claimed that these results are only true of patient care careers in manpower training, we feel that the combination of (1) active and selective recruiting, (2) a strong pre-vocational orientation accomplished by home study, and (3) a strong personal identification with a single authority figure holds considerable promise for the substantial improvement necessary in other manpower training efforts.

Specifically, we recommend demonstration of this potential, first in patient care manpower training and second, in general skills training.

(1) Organizing a close working relationship in a major skills center between ES and skills center personnel in the patient care field, and giving them the opportunity to load patient care classes through active and selective recruiting, would provide the basis for a valid appraisal of the performance of trainees obtained through both systems, would further indicate the operational advantages in loading classes efficiently, and at the same time set up a valid cost-per-employed-graduate comparison.

RESULTS
(cont'd)

(2) Application of this three-part conclusion to general manpower training fields, such as welding or auto mechanics, can be demonstrated with specific classes at various skills centers, so the results and conclusions would not only have national implication but also local support.

COST
COMPARISONS

Duration

The selection of a 20-week training plan was made because existing aide programs in the area are twenty-week programs. Whether because the trainees are better or because the program is better, we have concluded that the program could be shortened to fifteen weeks in replication, by intensifying the home study assignments and compensating for any lessened transfer of information by re-using the home study materials in the classroom training.

Comparative Costs

While "playing the cost game" is not a useful exercise, we do wish to point out some obvious facts:

(1) If an aide program is 20 weeks long, and if ten weeks can be administered without having to pay a training allowance, the result is a considerable reduction in per-trainee costs.

(2) It is possible to process more trainees through an existing limited facility when they require only 4 to 6 weeks of institutional training than when they require 20 weeks of institutional training.

(3) The only meaningful cost comparison is training cost per employed graduate (thus a program that costs $1,500 per trainee may be a better "buy" if all trainees complete and find employment than a program which costs $750 per trainee, but which has a 50% completion rate and a 30% employment rate). We would not hesitate to make a cost comparison between this program and other manpower programs according to this formula, even considering the relatively high start-up costs and the costs of developing the home study materials.

(4) We are also obliged to point out an intangible factor in operating a program where trainees know that if they are accepted and perform, they will get the job they want. This is a priceless experience for persons whose life experience has generally been frustrating and debasing.

PLEASE HELP US!

Elderly patients in hospitals, nursing homes and private homes need your help.

Now there's a new way for you to become qualified as a Geriatric Aide.

If your are unemployed or underemployed, and want a career to take pride in, you may qualify for a short career preparation program.

AT NO COST TO YOU—

And it's available right away qualified persons here in Akr

If You Would Like More Information . . .

Call Mrs. C. Moore now at 5

WORRIED ABOUT YOUR FUTURE?

Free Information About A Career To Take Pride In

If you are unemployed or underemployed, and you want more out of life than just a job, you may qualify for a unique career opportunity sponsored by the U. S. Office of Education and taking place right here in Cleveland.

This opportunity is for FREE training for a rewarding career helping senior citizens. You only need to attend a few short training sessions before you actually start caring for elderly patients in hospitals, private homes, and nursing homes.

If you can face up to a challenge, you may qualify for A Career To Take Pride In. For full details just call

Mrs. Gloria Williams—696-5850

Naturally, there's no cost or obligation

APPENDIX "A"

While classifieds, handbills, radio and television commercials, personal interviews and other recruitment techniques and media were used, these display ads in the major newspapers in the city consistently pulled large numbers of qualified and interested responses.

APPENDIX "B"
Evaluation of the tapes

J. B. Lippincott Company

Publishers
PHILADELPHIA • NEW YORK • TORONTO

EAST WASHINGTON SQUARE · PHILADELPHIA, PA 19105 · CABLE ADDRESS LIPPCOT, PHILADELPHIA
TELEPHONE (215) 925-4100

July 29, 1971

Mr. W.R. Selmier
President
Trowbridge House
First National Bank Bldg.
P.O. Box 222
Hudson, Ohio 44236

Dear Mr. Selmier:

I have heard a more than fair sample of the tapes in the Geriatric Aide series. I was most impressed with the quality of the tapes technically and creatively. Most of all with the consistency with which the extremely high standards you set and reached was maintained throughout the series. It seemed to me that you had a clear and accurate picture of your audience and made sure that what you had to say would be both accepted and believed.

The carefully structured "soap opera" (which I prefer to call simulation of reality!) approach should be valid and effective in a number of areas. I am particularly interested in finding some way to help instructors and their students with communications skills at all levels. Looking forward to hearing from you,

Sincerely,

H. Michael Eisler
Managing Editor, Media Development
Division of Higher Education

HME:co

APPENDIX "C"
Student Reaction to the Tapes

"I thought the tapes were presented very well. The association where dependability and other qualities were mentioned were done well and the way they were presented should make a lasting impression on students....I, myself, found I was very anxious to return today and get started with additional tapes."

Jackie Hunt

"I think learning from tapes is a very good idea. It is possible to rerun and listen as many times as is necessary.... It is a convenient way to study - usually with no interruptions."

Maxine Hartney

"I thought that the tapes were very helpful in making me understand what it really means to be a geriatric aide."

Carol Waters

"I think that the...tapes are all very good. They have so many different rules that a person can understand a lot better on tapes than by reading or being told by word of mouth....I appreciate the tapes and I think that they are a good way of getting ideas and rules across to a person."

Marie Bailey

"As I listened to each tape they made me realize that what I want to do will not [only] be an advantage to others but also to myself. Helping the elderly is challenging but also a responsibility - as if I would be taking care of a newborn baby.

The tapes are explanatory, as the people who were acting the parts did a very good job. I must admit that I did get a little teary-eyed when I heard some of the patients talk, most of them had given up on life and some didn't think anyone cared for them. I hope I will be a very good Geriatric Aide. My goal will be to make the elderly as comfortable as possible and above all happy."

Gwendolyn Watkins

"These tapes were super! I learned so much from them and the explanations were good....Every week the tapes are better and I'm grateful for the opportunity to learn more."

Helen LaRose

"Now that the tapes are over, I feel that I have learned a lot from them. How to talk to patients, how to treat their families, being considerate of my co-workers are just a few things I've learned....I think the tapes are a good way to train aides. It would be nice if every nursing home aide could hear them."

Marthena Phillips

APPENDIX "D"
Case Study

The following is a case study written by one of the trainees. Trainees wrote case studies each week as part of their work experience.

Watching him lying in the ambulance fighting for breath, I suddenly found it hard to believe that this was the same Armond Sadlier that had me standing outside his door a few days ago apprehensive about his state of dress. He wasn't a dirty, old man any more -- but just a lonely and sick human being.

Mr. Sadlier lived alone in Apartment 203-C. He'll be 75 the 25th of this month. He's widowed with one step-daughter, whom he says doesn't really care about him. Before he retired, he worked as a decorator.

Mr. Sadlier didn't go in for the various social activities that the apartment complex offered, but from what he told me and from what I heard from some of his neighbors, he didn't really have to....all the widows in his building took pretty good care of him.

Until last Monday, he appeared to be in good health. He was taking several kinds of medication -- Digoxin, nitroglycerine, a diuretic, and a pill to help him sleep. He's very lax about taking his medications and has to be kept after constantly to take them.

He's at Hillcrest Hospital at the moment, in critical condition, suffering from pulmonary edema and congestive heart failure.

When the lungs become filled with serous fluid introduced from the blood vessels, the condition known as pulmonary edema has occurred. It usually begins quite suddenly, as in Mr. Sadlier's case. The victim will feel a tightening in his chest and will find himself coughing up large amounts of fluid. In extreme cases, the fluid may actually pour from his mouth. The patient is extremely apprehensive and perspires profusely. He may even be cyanotic. His blood pressure may be elevated (Mr. Sadlier's was 200/100), and his pulse rapid (Mr. Sadlier's was 140 beats per minute). There are audible rales (an abnormal sound heard through the stethoscope over the lungs and bronchi. It's a very coarse sound that usually comes from the large air tubes and may be heard all over the chest). The patient's rapid respiratory rate is interrupted by frequent episodes of coughing which produce a large amount of frothy, sometimes blood-tinged sputum.

Pulmonary edema is more likely to occur at night or very early in the morning, for the recumbent position serves to mobilize the dependent edema that has previously collected in the lower portion of the body.

The typical initial orders for pulmonary edema usually are:

1. Analgesia
2. Digitalization
3. Diuretics
4. Fowler's Position
5. Oxygen ad lib
6. Rotating tourniquets
7. Phlebotomy
8. Anticoagulants
9. Bronchodilator
10. Respiratory Detergents
11. Frequent check of vital signs
12. Low salt liquids
13. Electrolyte studies -- this should be done because the patient is subjected to both severe metabolic stress and potent diuretic therapy, and electrolyte abnormalities are common.

In congestive heart failure, the ventricle has not been properly emptied of blood, and there is insufficient room for the continuous flow from the atrium. This results in a damming back of the blood into the atrium and the pulmonary veins. The muscle wall of the left ventricle becomes enlarged because of the extra work and can no longer do the additional pumping required by the increased volume of blood. The ventricle is then in failure, and the blood is then forced back into the left atrium, the pulmonary veins, and then the lungs, where congestion of blood occurs, characterized by dyspnea and rales.

Infection often accompanies congestive heart failure, and may ultimately be the cause of or a contributing factor in the patient's death. Therefore, all supplementary infections must be immediately detected and treated.

It's very important for the nurse to see that the patient follows orders when bedrest is ordered. Drugs must be given on time, but avoiding rest periods so that the patient's sleep won't be interrupted. The nurse must also see that her patient follows a low sodium diet.

APPENDIX "E"
Student Follow-Up

Graduates volunteer their reactions to being on the job:

"I'm so proud and grateful for another opportunity which Manpower Training Center provided for me that I really cannot put it into words. In my case (I mean having another chance at life and that is just what it is) I have been given another chance to be independent. There is so many others who need Manpower that they should never close their doors in this type of work....Yes, my sister and I are still at Green Cross Hospital. I enjoy it very much....You know, as far as I am concerned, I will be at Green Cross for some time."

Mrs. Margaret Meeks

"I am enjoying myself to the highest as a Geriatric Aide. Every day is a new experience...at Medicenters that I love very much. Thanks to Manpower for this career. I was able to enter Medicenters without fear."

Willie Jackson

"My job at Little Forest is very rewarding and one I enjoy very much.

My section is Sick Bay, in this section we have the people who are very ill or at best cannot help themselves. I am responsible for taking T.P.R. in the morning and noon. I feel I was given this section because of the training I received and a little because of natural ability. This section also requires that I keep on my toes and continue keeping up with new things as they occur."

Joan Clement

"I like my experience in the medical field as a Geriatric Aide very much. Not being a high school graduate, and with the training I had at Manpower, it is the best thing that ever happened to me. It has given me a better outlook at life, better understanding of people."

Mary Walker

"I certainly learned a lot in the care of elderly people and it has helped me tremendously. I do hope this program will continue in the Akron area as it is greatly needed. I know it will help me in my new career."

Agnes Emery

"After completing my training, I have started working at Middlebury Manor Nursing Home as a Geriatric Aide. After getting on the job, I really appreciate how thorough and well-planned the training was that I received because I have been able to please my superior with my work. I enjoy my work very much."

Dhirajgauri K. Patelia

"The Geriatric Aide Program has helped me very much. First, I knew nothing about working with the sick, so it helped me to get to know how to care for the sick, both mentally and physically, and to take care of and use the equipment we use every day. I enjoyed the program and also my job."

Yvonne Munnerlyn

"Thank you for a career to take pride in. I am very happy with my work here and I wish others could take this training because it really helps others who cannot help themselves. It really gives these aged people something to look forward to just to know somebody cares."

Mrs. Evelyn Banks

"I am now employed at the Medicenters of America....I enjoy my occupation very much. I had had prior experience as a nurses aide before I was enrolled in your program. Your program taught me so many things I have always wanted to know about sickness and the care of the elderly patient. I enjoy this work so much now that I want to enroll in Practical Nurse School as soon as I have the opportunity."

Daisy R. Ivey

"I am doubly rewarded in my Geriatric Aide career because I stepped into a nursing home that had aides who were not knowledgeable in the proper procedure of caring for patients. Therefore my experience was most gratifying because, not only did I benefit from my training, but at least eight more girls benefited from my training as I passed my skills on to them."

Helen LaRose

APPENDIX "F"
Letters from
employers
of graduates

Visiting Nurse Service of Summit County

1659 WEST MARKET STREET . AKRON, OHIO 44313
(216) 867-5400

MARY J. KNAPP
EXECUTIVE DIRECTOR

September 28, 1971

Mrs. Sellmier
Trowbridge House, Inc.
Hudson, Ohio

Dear Mrs. Sellmier:

Mrs. Moore asked that I voice my opinion about the Geriatric Aide Program. I feel this program has been one of the most realistic and worthwhile ventures, in which, I have ever known the government to invest.

This program provides to the employer a group of potential employees, who not only have a good background but a standard background.

The increasing number of senior citizens in our society, developing attitude that rehabilitation is possible for the aging individual, that dietary needs are different for the aging and a multitude of other problems peculiar to the older individual all make a course of this nature invaluable.

Over the past few months I have had occasion to employ 4 Geriatric Aides, and have been thoroughly pleased with all of them.

The discontinuation of this program certainly seems to be a step in the wrong direction.

Sincerely,

Joan Andrews R.N.

(Mrs.) Joan Andrews, R.N.
Director of Nursing Service

JA:lw

AFFILIATED WITH UNITED FUNDS

MEDICENTER OF AMERICA

A Nice Place to Get Well

145 Olive St./Akron, Ohio 44310/Area Code 216/762-0901

September 29, 1971

Mr. Selmyer
Prowbridge House, Inc.
Hudson, Ohio

Dear Mrs. Selmyer:

I am writing to tell you how pleased we are with the Geriatric Aides that have been trained by Manpower Development & Training Center.

We have nine of these aides now in our employment and have found them to be very well trained and stable people, surpassing that of an equally trained Hospital Aide.

I for one - and I know I am speaking for my whole staff of Registered Nurses, feel that this program has been well regimented and therefore, we no longer hesitate when we are in need of an aide - but look forward to those available - that have been trained by Manpower.

Respectivally Submitted,

Mrs. Marabelle Leavitt R.N.

Mrs. Marabelle Leavett, R.N.
Director of Nursing

ML:le

ERIC Clearinghouse
JAN 10 1972
on Adult Education